	CAMPAIGN TREASURER'S REPORT SUMMARY							
(1)	FERNANDO GODO	OFFICE USE ONLY						
	Name	FEB3'20 1:14PM						
(2)	4271 W 18th Ct Address (number and street)							
	Hialeah, FL 33012							
	City, State, Zip Code							
	☐ Check here if address has changed	(3) ID Number:						
(4)	Check appropriate box(es):							
	☐ Candidate Office Sought: Hialeah City Council (Group 2)  ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications) ☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed							
		Identifiers						
Cov	er Period: From 11 / 01 / 19 To	02 / 03 / 20 Report Type: TR						
Z	Original Amendment Spe	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
Cas	h & Checks \$ , , 000	Monetary Expenditures \$ , , <u>87 · 50</u>						
Loai	ns \$,,	Transfers to Office Account \$,						
Tota	al Monetary \$,,	Total Monetary \$, 87 . 50						
In-K	ind \$, ,, ,							
***********		(8) Other Distributions \$ , , 000						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$, <u>0</u> . <u>00</u>	\$						
	(11) Cert It is a first degree misdemeanor for any pers	on to falsify a public record (ss. 839.13, F.S.)						
	certify that I have examined this report and it is true, corr							
	ype name) ANDY ALFONSO	(Type name) FERNANDO GODO						
or	Individual (only for E/// Treasurer Deputy Treasurer electioneering commit)	☑ Candidate ☐ Chairperson (only for PC and PTY)						
<b>.</b>	Sauld No							
X Si	ignature	X Signature						
	~ / /							

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES** 

(1) NameF	ERNAND	OO GODO			· · ·	·	(2) I.D. Number		<b></b>	
(3) Cover Peri	od 11 /	01 / 19	_ through	02 /	03 /	20	(4) Page	1	of _	1

(E)	(7)	(8)	(9)	(10)	(11)
(5) Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
11 / 1 / 19	FirstBank Florida 1325 W 49th St, Hialeah, FL 33012	Bank Fees	MON	N/A	\$ 10.00
12/1/19	FirstBank Florida 1325 W 49th St, Hialeah, FL 33012	Bank Fees	МО	N/A	\$ 10.00
01/17/20	ALSAC/St. Jude Children's Research Hospital 501 St. Jude Place Memphis, TN 38105 USA	Non-Profit Donation	MON	N/A	\$ 22.50
01/18/20	FirstBank Florida 1325 W 49th St, Hialeah, FL 33012	Bank Fees	MON	N/A	\$ 45.00
//					
//					
11					
//					